

СОЧИЕНИЯ



DECLARATION FOR PATENT APPLICATION

Docket Number: BIV-052.02

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Composition for Treating or Preventing Peripheral Neuropathies

the specification of which (check one): (X) is attached hereto.

() was filed on _____ as United States Application Number or PCT International Application Number _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		Priority Claimed
(Number)	(Country)	() Yes () No
(Number)	(Country)	() Yes () No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States Provisional application(s) listed below.

(Application Number) (Filing Date)

(Application Number) _____ (Filing Date) _____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

09/187,387
(Application Number)

November 6, 1998
(Filing Date)

(Status: patent, pending, abandoned)

(Application Number)

(Filing Date)

(Status: patent, pending, abandoned)

I hereby appoint Beth E. Arnold, Reg. No. 35,430; Paula Campbell, Reg. No. 32,503, Charles H. Cella, Reg. No. 38,099; Isabell M. Clauss, Reg. (see attached); Edward J. K Ily, Reg. No. 38,936; Donald W. Muirhead, Reg. No. 33,978; Chinh Pham, Reg. No. 39,329; Anne Saturnelli, Reg. No. 41,290; Diana Steel, Reg. No. 43,153; Wolfgang Stutius, Reg. No. 40,256; Kingsley Taft, Reg. No. 43,946; Matthew P. Vincent, Reg. No. 36,709; and Anita Varma, Reg. No. 43,221 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Matthew P. Vincent at telephone number (617) 832-1000.

Address all correspondence to: Patent Group
Foley, Hoag & Eliot LLP
One Post Office Square
Boston, Ma. 02109-2170

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Alphonse Galdes

Inventor's signature

2/6/00

Date

One Douglas Road, Lexington, MA 02173
Residence

U.S. M ALTA VS
Citizenship

Post Office Address

Full name of second joint inventor, if any (given name, family name): _____

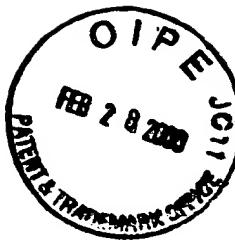
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Methods and Composition for Treating or Preventing Peripheral Neuropathiesthe specification of which (check one): is attached hereto. was filed on _____ as United States Application Number or PCT International Application Number _____, and was amended on _____ (if applicable).

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Prior Foreign Application(s)	Priority Claimed	
<hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Number) <hr/> <hr/>	(Country) <hr/> <hr/>	(Day/Month/Year Filed) <hr/> <hr/>
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Full name of sole or first inventor (given name, family name): _____

Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of second joint inventor, if any (given name, family name): Nagesh Mahanthappa _____

Nagesh Mahanthappa _____ 2/9/2000 _____
Inventor's signature _____ Date _____

240 Norfolk Street, Cambridge, MA 02139 _____ US _____
Residence _____ Citizenship _____

Post Office Address _____